A study of the social and economic adjustment of schizo-affective personalities admitted to the Boston State Hospital

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A Study of The Social and Economic Adjustment of Schizo-Affective Personalities Admitted to the Boston State Hospital.

A Thesis

Submitted by
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CHAPTER I
INTRODUCTION

Purpose

This study of the social and economic adjustment of Schizo-Affective Personalities admitted to the Boston State Hospital was undertaken for the purpose of describing the group having this psychosis and by case studies attempting to answer the following questions:

1. Do traits of personality play an important role in the success or failure of the adjustment of these patients.

2. Do family and community attitudes influence the success or failure of adjustment.

3. Does environmental stress lend to the frequency of the patients' return to the hospital.

"The influence of the environment in contributing to the development of a psychosis may be of a varied nature. In some cases one is dealing with precipitating situations, either acute or protracted; in other cases one is dealing with long-continued conditions of privation of important sources of satisfaction; in other cases again, the environment may have contributed to the development of the psychosis through its moulding influence in the early period of the patient's life."

Method of Study

Cases were picked at random from the active files and from the files of patients on visit from the hospital with the diagnosis, "Dementia Praecox, Other Types." The diagnosis, "schizo-affective," is not used in the hospital as a separate diagnosis but as a differential diagnosis. The work was checked with staff doctors and the clinical director to be sure that the cases fitted the description and diagnosis of the schizo-affective psychosis. Two of the cases were selected from the active files and seven from those on visit. The clinical director feels that the same is representative inasmuch as the diagnosis does not occur in a rapid syndrome.

Limitations of the Study

"The literature on the subject is rather meager, presumably because of the tendency to force such cases into nosological classifications."2

Furthermore, due to the shortage of Social Service and Medical Staffs during the past four war years, records have not been as complete as might be desired.

CHAPTER II
DESCRIPTION OF SCHIZO-AFFECTIVE PSYCHOSIS

"Schizophrenia is responsible for approximately twenty-three per cent of the first admissions to the State Hospitals in the State of Massachusetts. The term "schizophrenia" has something of a negative reference; it is widely applied to cases in which hallucinations and delusions are prominent symptoms, and which do not obviously belong on the one hand to well-recognized etiological groups such as the organic or toxic psychoses, or on the other hand to well defined types of reaction as affective (manic-depressive) or the hysterical."1

"The diagnosis of schizophrenia is, on the whole, a serious diagnosis. It carries with it not only a suggestion as to the mechanism, but also a warning as to the possible outcome. Many patients in this group become mentally crippled and are never able to return to their previous mental and social level. The degree of mental reduction is of considerable interest and seems to consist essentially of a permanent and disturbing predominance of factors which could already be traced in the personality before the onset of the behavior and thought of the patient during the early stages of the psychosis.

"Conception of dementia praecox is loosening its grasp on the psychiatric world, allowing physicians to come to the complex clinical material with open minds and free from rigid schema with the subtle suggestion of an impersonal disease process, running its insidious course regardless of the life situation and of personal problems of the individual. At the same time it must be admitted that for the patient who takes the schizophrenia road there is danger of finding himself seriously involved and of remaining permanently at an inferior level of adaptation. The schizophrenic type of reaction to life is fraught with great risk. Why there is this risk, why the individual patient should get helplessly fixed at an inferior mode of reaction, why different patients descend to

different levels, are interesting problems."  

"Man through his mental processes deals with experience in two ways. In one way by the elaboration of his impressions through the higher thought process, he is able to grasp and modify the forces of the outside world, to adapt himself to the structure of his environment and thus to win comfort and make it easier for others to do likewise. As this realistic function of thought has progressed, man has come more and more to understand the physical forces of the world which surrounds him and to control them. A man completely dominated by the realistic function of thought would see in the world little but a physical-chemical system devoid of meaning, over which he had ever-increasing control.

"The other function of thought deals with the meaning of experience and with the individual's scheme of values. By virtue of this function man sees the world as permeated by those forces of which he is conscious in his own personality and not merely as a meaningless system of physical-chemical forces. Through this mental endowment man does more than merely register and elaborate impersonal stimuli; he sees the world in the light of his individual desires and through his creative imagination he may derive satisfaction from subjective accomplishments, while the objective accomplishments demand toil and pain.

"In his adaption to the world of his experience, the emphasis laid by the individual man on either of these two functions of thought will vary with the level of culture, the nature of his temperament, the condition of his bodily systems and the satisfaction accruing to him from the environment. There is the utmost range of adaptation, from the energetic, matter-of-fact, objective efficiency engineer, to the dreamy and imaginative poet or philosopher. The extent to which the individual turns to the real world for satisfaction, the extent to which he lives, is an important measure of the efficiency of the individual from the standpoint of the group. Perhaps the most characteristic feature of the schizophrenic type of reaction is the reduction in the amount of energy expanded in this direction. There is a diminished interest in the real world, in the world as objectively conceived, and in the world as seen by most individuals. There are limitations of the energy

2. C. Macafie Campbell, M. D., "On the Definition or Delimination of the Schizophrenic Type of Reaction" Schizophrenia Dementia Praecox, An Investigation of the Most Recent Advances for Research in Nervous and Mental Disease, p. 17 & 18.
expended in productive activity, reduced sensitiveness to those situations which normally stir us to action, reduced desire to express the personality in the social setting which is the usual medium of self-expression.”

Dr. Jacob Kasanin, describes the Schizo-Affective Personality in the following manner:

"These are fairly young individuals, quite well integrated socially, who suddenly blow up in a dramatic psychosis and present either schizophrenia, or affective, and in whom the differential diagnosis is extremely difficult. Bleur many years ago recognized such cases. He pointed out that at times it is extremely difficult to differentiate between the schizophrenic and the affective disorders. He stated that all manic depressive symptoms may appear in schizophrenia but not reversely. Only prolonged observation will lead to a correct diagnosis with hallucinations and deterioration being the ultimate criteria.

"The personality of our patients was not very different from the general run of people in the community. They have been fairly well adjusted socially and were considered to be well integrated individuals who apparently got a good deal of satisfaction out of life. They are keen, ambitious, forward, some of them rather seclusive, others quite sociable. A subjective review of their own personalities reveals that they are very sensitive, critical of themselves, introspective, very unhappy and preoccupied with their own conflicts, problems may go on for years before the patient breaks down, and they are not apparent to others. The interesting thing about the psychosis is that one is able to reconstruct them psychologically when one reviews the various symptoms and behavior with the patient after his recovery, and then they become fairly intelligible. The fact that there is comparatively little of the extremely bizarre, unusual and mysterious, is what perhaps gives these cases a fairly good chance of recovery.

"There psychoses occur in young men and women and tend to repeat themselves. There is usually a vague history of a previous breakdown with a complete recovery and a recovery after the second psychosis.

"A review of the dynamic factors in the psychosis shows a severe conflict between the instinctive drives of the patient, usually sexual, and the barriers and repressions imposed by the

social group. Of course many of our patients are young people in whom one would naturally expect a great deal of pent up emotion and ideation about sex. But the unusual frequency with the sexual conflicts stands out in the psychoses and the amount of emotion associated with it suggests more than casual association between the sex maladjustment of the patient and the psychosis. There is also a marked feeling of inferiority, especially in the subjective notions of these patients that they are not able to adjust themselves socially. The psychosis is usually ushered in by a latent depression and a certain amount of rumination going on for some time until the more dramatic picture.

"It is again important to emphasize the possibility that the personality may cease to release energy for real adaptation on account of external difficulties, or on account of being thwarted and baffled. Failure and environmental thwarting may lead to disuse of certain aptitudes and even without any striking lack in the external situation, certain inner limitations of the personality, frequently associated with the sex life, may prevent the utilization of external opportunities with consequent loss of interest in reality."  

"The lessening of interest and the lessened output of energy in relation to the real world are, as a rule, accompanied by the endeavor to get satisfaction through the other function of thought. Thus we have an increased tendency toward the formulation of the world under the influence of the desires of the individual. In the group of patients in whom the schizophrenic reaction is the prominent feature there is frequently no demonstrable excuse in the way of structural or toxic influence for the withdrawal of energy from the real world and for the relapse into the more primitive and imaginative attitude toward experience. The development of morbid ideas and attitudes seems in these patients to be a part of the same process which shows itself in the loss of interest in the real world. The reduction of the realistic function and the development of a more subjective and often fantastic cosmic picture are merely complimentary aspects of the new adaptation of the individual to the environment. This new adaptation can be considered inferior in the sense that it reduces social usefulness of the individual. Whether this new adaptation indicates merely a transitory difficulty, whether there are

enough assets in the personality and in the situation to make a real adjustment possible may in the individual case be difficult to see.

CHAPTER III
SOCIAL HISTORIES OF NINE SELECTED CASES

In accumulating material for case studies, a schedule was used, which included such items as, family history, personal history, previous admissions to a mental hospital or previous attacks, onset and symptoms of patients' illness, duration of illness, family attitudes toward patient, patients' adjustment after leaving the hospital and personal data as, sex, age, religion, and civil status.

Information concerning patients' family history and personal history before admission to the hospital was obtained from social histories of social service and medical records. Data on previous attacks, psychiatric examination and psychiatric care was gathered from medical records and abstracts found in the medical records sent from other hospitals. Writer also received information from staff social workers who had supervised patients on visit and had had some contact with their families. Information from outside agencies was limited to that found in social service and medical records of the hospital.

The histories to be presented in this chapter are of patients who are on trial visit from the hospital or who have been recently discharged from visit. One patient whose record
is used is now back in the hospital. They all come under the
diagnosis: Dementia Praecox - Other Types, having symptoms of
Schizophrenia and Manic Depressive Psychosis.

Case A

This patient was a twenty-four year old Negro woman,
Protestant, single, admitted to the Boston State Hospital from
the Boston Psychopathic Hospital April, 1942. Her diagnosis
was Dementia Praecox - Other Types.

Patient was first treated at the Boston Psychopathic
Hospital in October, 1937, after she had fainted on the street
and had become very nervous and excited afterwards. She was
again admitted to the Boston Psychopathic Hospital one month
prior to her coming to this hospital. The reasons for
admission to both hospitals were that she was withdrawn,
nervous, showed no interest in things and thought that people
were talking about her. She also threatened to commit suicide
by taking listerine. Psychiatric examination on admission
showed that for the most time during the interview she was
confused and hallucinated and the answers had to be urged as
she answered questions with "I don't know." She was restless
and manneristic in her behavior. Relevant and coherent talk
could not be obtained. She heard ringing bells by day and at
night, and had strange dreams. She felt that people here were
threatening and cursing her. She admitted masturbation and
continued it as a habit. Her sexuality played the main role in
her psychoses and was indirectly connected to her present
morbid picture. Etiological factors other than heredity were environmental.

Patient was released on trial visit from the hospital October 28, 1943, against advice, in the care of her mother, and was discharged on October 28, 1944 at the end of her year's trial visit period. Patient was re-admitted to the hospital in December, 1944. She was returned by her family, because she had been very uncooperative. She would not comb her hair, take a bath, and at times had crying spells. Patient's mother had to hide the food in order to have any left for the rest of the family. Psychiatric examination showed that patient was neat, pleasant, cooperative, was emotionally inappropriate and laughed in a silly fashion. She claimed that people told her what to do and that they said nice things about her. She stated that people made fun of her and laughed at her but no one actually tried to harm her.

On the wards patient was seclusive and did not mingle with the other patients. Her only signs of enthusiasm were centered around going home. In August, 1945, it was discovered that patient needed tubercular care and on November 1, 1945 she was transferred to the Boston Sanatarium for treatment. Diagnosis: Dementia Praecox - Other Types: Condition: Improved.

Patient was born in Boston, October 27, 1917. She was the oldest of two children, having a younger sister, single, who was employed doing clerical work. Both parents were living, her father a musician, but at the time of patient's admission
to the hospital was employed doing odd jobs. Her mother was a housekeeper.

Patient attended the Roxbury Memorial High School and graduated at the age of nineteen. She made very good grades in high school but had to repeat the third grade because of illness, having been kept home from school by her mother. She was never a disciplinary problem and got along well with her schoolmates; however, she preferred to stay by herself rather than mingle with them. Patient had always been "the seclusive and shut-in type." She never had intimate friends of her own sex and no particular boy friend. She admitted masturbation and heterosexual experiences, however, she did not consider the man her boy friend. Patient liked to read, preferably books about psychology, but never showed much interest in things outside the home.

During the patient's illness, the father secured a better job and the family moved to a better neighborhood providing better surroundings for the patient. After her return from the hospital the family attitude was that of sympathy rather than understanding. They credited her behavior to laziness rather than to her illness. They tried to force patient to become active in things outside the home and when she did not do so insisted that she was lazy. Patient's reaction to her family's attitude was sometimes very antagonistic and rebellious. At times she did try to conform to their wishes and do the things that they asked of her. During the trial visit period, patient refused to leave the home under any circumstances. Sometimes
she expressed a desire to go to a movie or have a soda at the drugstore. Her mother encouraged her to do so and offered patient any amount of money or buy her new clothes. Patient showed some enthusiasm about the plan, until time to carry it through. She then refused to leave the house and acted as though she had never had such an idea. Patient who had always been withdrawn and seclusive was more so after leaving the hospital. When friends called to see her, she retired to her room and refused to see them. At times patient was friendly toward the family and talked quite freely with them. At other times she acted as though she did not know them or did not want to be bothered, and went into her room to stay. On one or two occasions when the worker from the hospital called to see her, she was friendly and talkative, however, at other times she stayed in her room and refused to see the worker. Because patient was no problem in the community her condition did not warrant further hospitalization.

This patient's poor adjustment was perhaps influenced by the mistaking of her behavior by her family to be that of laziness rather than an illness and furthermore, they attempted to force patient to do things which she was incapable of doing. Since early adolescence, this patient had been seclusive, withdrawn, and had had the tendency to retire from the real world; such are some of the symptoms of schizophrenic behavior as pointed out in the previous chapter. Trying to force patient to become active and interested in her friends and
activities in the community before she was well enough only caused her to become more withdrawn and to retire to her own world, which necessitated her return to the hospital.

Case B

This patient was a thirty-five year old single, Jewish woman, admitted to the Boston State for the fourth time on October 30, 1945, from her home. Her diagnosis was Dementia Praecox - Other Types.

Patient was first admitted to this hospital in November, 1937. Psychiatric examination showed that patient was restless, very talkative and could often be seen reacting to auditory hallucinations and those of smell. She was confused, depressed and seemed afraid. She did not take much care of her personal appearance. It was difficult to obtain her confidence. She was suspicious, seclusive and sensitive. She was emotionally unstable and became irritated quickly. She believed that she was being trapped and spied upon by the Klu Klux Klan. An emotional disturbance followed her anxiety over her inability to obtain employment. The patient was released on visit August 8, 1939 and displayed symptoms similar to those of her first admission. Patient was again released on visit December 8, 1940 and was discharged from visit one year later. Patient was admitted to the hospital August 24, 1942 from her home. Psychiatric examination showed that she was restless and agitated. Her illness at this time suggested manic features, flight of ideas and push of speech. There was a great deal of
thought disturbance. Patient was released on visit on October 28, 1942 and discharged from visit one year later. Patient was again re-admitted to the hospital October 30, 1945 by her family. Patient was brought back to the hospital because she was in an excitable condition, pulled up the grass and one night ran out of the house at midnight in her bathrobe and slippers staying for hours. Psychiatric examination on admission shows that patient had manic features, and she was definitely disturbed. She thought that she heard voices and they made her nervous. Patient was released on visit in the care of her mother January 11, 1946.

Patient was born in Boston May 17, 1905. She was the seventh of eight children, having four brothers and three sisters, and was always favored by her father. Both parents were living and unemployed. As a child patient was very quiet, highly emotional, and easily excited. She attended a practical arts high school but left in her third year because she did not like it there. Patient's parents did not make her return. She did not make friends easily nor did she seem to have any. She was nervous, excitable, irritable and full of feelings of her own inadequacy. She enjoyed good books, plays, and music, however, she chose to read books "over her head." Patient was interested in young men and eager to go out with them. Young men with whom she has gone out have never asked her again and this made her feel that she was different from other women and undesirable to men. She attempted working outside the home
several times as salesgirl. She always had to quit because due to anxiety over making an error, she became too nervous. Patient was never able to keep a job longer than a few weeks. Between her admissions to the hospital she did the housework and took care of her mother and father.

Patient’s mother was a nervous, nagging and domineering woman. Her father was a calm, well poised man, who went bankrupt in business 15 years ago. Since then he had been constantly nagged by his wife. Her oldest brother, an optometrist, also lived in the home. Patient’s two sisters were married, and her other brothers were doing very well, one a stomach specialist and the other a lawyer. Patient’s mother was advised by the doctors to remove the patient from her home situation, because they believed that her condition would improve, but, she refused to do so.

The family attitude was not helpful to patient. Her mother constantly nagged her saying that she was "not fit to work, only to stay at home," however, when patient was in the hospital she was continuously bothering the hospital to have her released. Patient’s father took a negative attitude toward the situation and did not interfere with the mother’s handling of the patient. Her sisters and brothers took an interest in her and tried to show the mother that her attitude was not helpful to patient, however, she did not listen to them. Patient’s attitude to that of her family, specifically to that of her mother, was that she would find a job and lose
it shortly afterwards because of her condition, or she would run away from home, allow herself to be picked up by strange men, and indulge in sex play. Patient worried about her behavior because she felt that it would cause both parents, who are suffering from heart trouble, to have a fatal attack. Patient also worried because she was unable to contribute financially to the family. Patient was allowed on trial visit from the hospital, following her fourth admission.

This patient had a two-fold problem which prevented her from making a good adjustment outside of the hospital. She was confronted with the problem of dealing with a fussy, nagging and unsympathetic mother who had no insight into patient's illness and was constantly reminding her of her inadequacy and inability to make a satisfactory adjustment. This patient was also a favored child of the father, who now takes a negative attitude toward the patient by denying her the relationship that once existed. Some of her behavior might have been attributed to the fact that she probably needed this relationship and rebelled against her father's negativistic attitude. Her feelings of inadequacy and inferiority were perhaps increased by the fact that her brothers and sisters had all done well in their fields. Being around them, constantly reminded her of her failures.
Case C

This patient was a twenty-three year old Irish Catholic young man, single, admitted to the Boston State Hospital in March, 1943 from his home. His diagnosis was Dementia Praecox - Other Types.

Patient had never been in a mental institution before his admission to this hospital; however, at the age of six or seven, he had a "nervous breakdown", but was treated in his home. He also had a "slight nervous depression" when he was in college. He was treated in the home on this occasion also. Patient was admitted to this hospital because he became "quite worked up" while attending school in Maryland studying to become a priest. Patient left the school to return home. Because of school regulations he was not allowed to return and tried to do so by breaking into his mother's safe to secure money to purchase a railroad ticket. Patient became nervous, excited, and began to have bad dreams. On one occasion, he raised the window blind and tried to break the window "to let it out." As a result of his behavior his mother brought him to the hospital. Psychiatric examination on admission showed that patient was retarded and self accusatory. His stream of mental activity definitely slowed up and he had difficulty in answering questions asked him. He considered himself a sinner because he did not live up to his religion. On the wards following his admission to the hospital, he was disturbed, retained his religious delusions, and would attempt to escape wherever the ward door was opened.
Patient remained in the hospital until March 25, 1945 at which time he was allowed out on visit in the care of his mother. On March 25, 1946 patient was discharged from the hospital.

Patient was born in Scituate, Massachusetts, August 17, 1918. He was the middle child, having an older brother, a commissioned officer in the Navy, and a younger sister, single, who was employed in an insurance company. Patient's father died suddenly of a heart attack, three years before patient was admitted to this hospital. A paternal uncle had a "mild mental trouble" and was in a mental hospital for a short while. Patient graduated from high school at the age of sixteen and from college at the age of twenty-one. His father kept him out of school a year because he felt that he studied too hard. Since graduating from college, patient had taken a defense course.

Patient was always gentle, quiet and "too courteous" but "a regular boy." He was a very good musician and tennis player. He was also interested in baseball, swimming, and was considered an "excellent golf player." He was studious and "tried hard to keep up." Patient had a normal interest in the opposite sex. He denied having had hetero-sexual experiences but "would pair off with other couples." Patient was employed as a defense worker for a year "examining instruments." He was "quite a favorite" at the plant. Patient quit his job to enter school to study to become a priest.

Two days after patient's release from the hospital on visit he secured a job in a large department store wrapping packages.
He worked eight hours a day and did not go out very much because he was tired at night. Whenever he did go out he went with his mother to movies, concerts and ball games. Patient refused to go out with his old friends or mingle with them. His only associates outside of his family were a group of musicians that he met recently. Patient's mother was very protective of patient and allowed him to do as he pleased regardless of hospital regulations. She did not discuss or refer to patient's illness as he did not wish to have it mentioned. She did not urge or try to influence patient to see his old friends because she was somewhat sensitive about patient's having been in a mental institution as patient himself was. Patient refused to discuss his illness and to report to the outpatient department. He said that he preferred not to be reminded of his illness. Patient's mother asked permission from the doctor to report by letter or telephone every two weeks for the patient. She said that she realized that her attitude was perhaps not the best one to take toward the patient but she could not force herself to do otherwise. Patient's mother was allowed by the doctors to report for patient. Patient was discharged from visit March 26, 1945 as previously stated.

This patient made a fair adjustment after his first hospitalization, however, he had difficulty in reaching his former level of social and economic adjustment. His inability to move back into his former social circle may be due to his
sensitiveness about having been a patient in a mental institution. These feelings were perhaps increased by his mother's attitude of complying with the patient's wish who never discussed or referred to his illness in his presence. His good adjustment on his job and his association with the group of musicians which he has known only since his release from the hospital shows that patient is able to face people with whom he has had no previous contacts and need not be in constant fear that they will have already known of his hospitalization. His refusal to report to the outpatient department because it reminded him of his illness is an attempt on his part not to face reality, a characteristic of the schizophrenic-personality. Had he been forced by the hospital to do so it would have probably precipitated another episode, and adjustment would have more than likely been hindered. In this case little supervision from the hospital and his family was beneficial in helping the patient remain in the community.

Case D

This patient is a fifteen year old Lithuanian girl, admitted to the Boston State Hospital February 24, 1938 from the Boston Psychopathic Hospital. Her diagnosis is Dementia Praecox - Other Types.

This patient had never been in a mental institution previous to this attack. The reason for admission to both hospitals was that she became hysterical at school on two occasions. On the second occasion she became quite disturbed,
began crying, saying that she was going to die and that she did not want to die. Psychiatric examination on admission shows that patient was untidy in dress and habit. She struck odd poses and made odd gestures. She was one moment boistrously over-active and at another moment quiet and entranced. She was not completely out of touch with her surroundings and on two occasions answered questions relevantly. Her emotional changes were frequent and abrupt without obvious motivation. She would be laughingly destructive, tearful, truculent and confused in quick succession. It is possible that at times she may have been reacting to auditory hallucinations. Patient remained in the hospital for three months. During this period she was extremely noisy, untidy in habit, wet the bed, and threw her food about. On July 8, 1938, patient was allowed out on visit, against advice, in the care of her mother and on July 8, 1939, was discharged from the hospital.

Patient was re-admitted to the hospital from home on December 18, 1945, because she was abusive and uncooperative and her mother and sister felt that they could not keep her in the home any longer. Psychiatric examination on admission shows that patient became irritable and angry when questioned as to personal matters. Quite frequently she used profane language. She was definitely obsessed with the idea of having a "crooked nose". It was possible that she was hallucinated and deluded on this account. Etiological factors other than heredity were break up of her marriage and loss of child.
Patient was born in South Boston, October 20, 1923. She was the oldest of three children, having one brother and one sister. Both parents are living and at the time of Patient's admission her father was gainfully employed. Patient attended grammar school but her education was interrupted in junior high school due to her admission to the hospital. She was considered a good student and never repeated a grade. Patient was considered by her father "a model child" and he gave her everything that she asked for that was within his means. She always appeared happy and had many girl friends. Patient went to parties and dances but never went out with boys or had a steady boy friend.

After patient's release on visit in July 8, 1938, she made a fair adjustment in the home. She got along well with her parents, sister and brother, except for an occasional outburst of temper which did not last long. She returned to school and completed the first year of high school. At school she was no disciplinary problem and got along well with the other students. Patient's family tried to give patient the things that she wanted that they were able to afford. Patient's mother and father seemed to have had insight into patient's condition and were sympathetic and understanding of patient's condition. Patient was discharged from visit on July 8, 1939, at the end of her trial visit period as previously stated.

In February 1944, patient married a soldier whom she had only known for a short time and who was sent overseas three weeks after the marriage. Patient went South to live with his
A baby girl was born in April, 1945, who lived only seven hours. Patient became ill after the birth of the child and her sister went South and brought her back to Boston. After patient's return home her mother's attitude toward her changed greatly. She told patient that she did not want her in the home and that her husband should be taking care of her. Patient and mother had frequent arguments. Patient's reaction to mother's attitude became antagonistic and abusive. She would throw things around the house and at one time threw a coffee table at the mother. She would urinate all over the house. Patient received a letter from her husband asking for a divorce because he had become interested in another woman overseas. Patient became irritable and hard to get along with. She began to complain about her nose being "crooked" as a result of a lick she received from another patient when she was in the hospital before. She asked to be returned to the hospital to have the doctors straighten it for her. Patient's mother and sister thought this a good opportunity to bring patient back to the hospital since they felt incapable of handling her. She was returned to the hospital December 18, 1945, as previously stated. She was discharged from visit in February, 1945, in the care of her father who is now separated from her mother.

This patient's re-admission was probably influenced by three things. First, the unfavorable attitude of her mother and the change of her status in the family. Second, the death
of her child and third, the anticipated loss of her husband who is seeking a divorce. After her first period of hospitalization the patient had been pampered by her family up until the time of her marriage which apparently was the cause of the mother's change of attitude. Her mother's attitude of rejection along with the death of the child and marital difficulties were perhaps too much for patient to face, thus precipitating her psychotic episode as a means of escape and a solution to her problems.

Case E

This patient is a thirty-one year old Protestant young man admitted to the Boston State Hospital November 28, 1941 from the Boston Psychopathic Hospital. His diagnosis is Dementia Praecox - Other Types.

This was patient's first admission to a mental institution. He was admitted to each hospital because he "began to act strangely" and thought that he had made a great scientific discovery. He went around telling other people about it, however, he never mentioned it to his family. He complained of being tired and overworked and had ideas that a girl was chasing him to marry her. He was advised by his family physician to go to the Boston Psychopathic Hospital from which he was later transferred to this hospital. Psychiatric examination on admission shows that patient was tense and irritable during the interview and resented being questioned. He answered questions relevantly with logical association of ideas. He was
argumentative and uncooperative and labored under the delusion that he had made some new discovery, which he called his interpretation of the Bible which now "enables scientists to fully understand electronics". Patient remained in the hospital until February 19, 1942 at which time he was allowed on visit in the care of his sister and one year later February 19, 1943 discharged from the hospital.

Patient was re-admitted to the hospital November 19, 1945 from his home. Patient had become nervous, stubborn and would not do anything that his sister asked of him, such as, wearing his shirt in the house or keeping things neat and clean. Whenever she spoke to him about anything he would answer, "it is none of your business". Psychiatric examination on admission shows that patients behavior was marked by overactivity, excitability, antagonism and impulsiveness increased by intake of alcohol. He was having irritability and memory changes, possibly mild confusion and thought that he had had something to do with the atomic bomb. Etiological factors other than heredity was fear of responsibility. On the wards he was overactive, antagonistic, irritable and refused to listen to anyone. Patient remained in the hospital until January 18, 1946 at which time he was allowed out on visit.

Patient was born in West Roxbury August 6, 1910. He was the third of four children, having one brother and two sisters. Both parents were dead and patient lived with an older sister. Patient graduated from English High School in 1929. He attended the Franklin Institute for two years and graduated from Lowell
Institute in 1933 where he studied electrical engineering.

Patient was very active and had "a very nervous tempera-
ment". He could not keep still for long and was constantly
calling and doing things. He was somewhat shy and went around
with four boy friends. Patient had a normal interest in the
opposite sex and stated that he had had hetero-sexual experi-
ences with one girl, once a week for the past two years prior
to his admission to the hospital. He said that he had asked
her to marry him but at the time of his admission she had not
given him an answer. He was sensitive, did not have a good
disposition and at times "was hard to handle." Patient worked
as a machinist in a factory, was considered very efficient, and
got along well with his fellow workers. He drank beer and ale
heavily but seldom drank hard liquors.

After patient's first period of hospitalization he got
along fairly well in his home. Although he was not overly fond
of his brother-in-law there was no apparent friction. Patient
returned to his old job and did very well there. Patient had
good insight into his illness and acted as though he wanted to
forget about it. He went out with his old friends often to
ball games, parties and bowling. He spent a great deal of his
time playing golf. Patient was still seclusive in the home and
did not tell his sister much about himself. He paid his sister
ten dollars a week for his room and board but never told her
what he did with the balance of the money nor did he have any-
thing to show for spending it. His sister did not press him
or interfere with him and they got along fairly well. Patient
was discharged from visit February 19, 1943 as previously stated.

Patient continued to do well after his discharge until a month prior to his re-admission to the hospital. At this time he was made a foreman at the plant where he was employed. He had been working long hours and his friends and relatives began to notice personality changes in the patient. He became nervous, excited and could not sleep or eat. At the factory he began to think that he was very important and when employees asked to talk with him he would reply "write notes to the boss if you want to see me". On one occasion he parked his car and could not remember where he left it and had to call the police to locate it for him. He began drinking heavily and became more excited which caused his family to return him to the hospital, November 19, 1945 as previously stated.

This patient's re-admission to the hospital was precipitated by the strain of long working hours and anxiety over the responsibility forced upon him. Patient was not yet ready to accept fully responsibility or face reality, therefore, in order to make reality seem nearer to his world of phantasy, he had delusions of grandeur which made him feel that he was an important person. Although there was not much apparent conflict in the home the family attitude towards the patient was somewhat negative. Patient probably sensed this, causing him to feel insecure, and perhaps forcing him into his world of grandiose ideas for the satisfaction that he did not get in his
everyday life. His drinking, which increased his anxious and excited condition, was another means of escape from his problems.

Case F

This patient is a twenty-two year old single, Catholic, young man, admitted to the Boston State Hospital January 4, 1942 from his home. His diagnosis was Dementia Praecox - Other Types.

Before this admission patient had never been in a mental institution. The reason for admission was that patient had become nervous and upset because he could not find suitable employment. After his brothers went into the army he tried to enlist but was rejected "because of his nervousness". Patient became moody and often had "blue spells". He began to use vile language which he had never done, and was abusive to his mother. His mother was afraid of him and the family physician advised that patient be hospitalized. Psychiatric examination on admission shows that patient was dressed carelessly and displayed a peculiar haircut. He was calm and superficially cooperative. Indifferently he stated that he was brought to the hospital because he was nervous. He was evasive, but admitted that he had many arguments with his father. He stated that he had a girl friend and that he was going to marry her, although he had not seen her for a year. Patient was discharged January 12, 1942, eleven days after his admission.

Patient was re-admitted to the hospital on June 12, 1942 from the Boston Psychopathic Hospital. He was admitted to both
hospitals because he had become seclusive, withdrawn and acted as if he were paralyzed. Psychiatric examination on admission shows that patient was seclusive and absorbed. His attention was hard to obtain and he was uncooperative. At times he became facetious and laughed with inappropriate effect. He appeared to have been responding to hallucinatory experiences. Patient remained in the hospital until June 26, 1944 at which time he escaped. He was allowed to stay out on escape and on June 26, 1945 was discharged from the hospital.

He was again re-admitted to the hospital from his home December 27, 1945. He was returned to the hospital because he became excited, began running through the house screaming that his mother was some other woman, pushed over the furniture and tore off his clothing. Psychiatric examination on admission shows that patient was excited, deluded and possibly hallucinated. He admitted that his period of excitement caused him to remove the hinges from the doors, push over the furniture, pull out the electric wires and say that his mother was some other woman. Patient escaped from the hospital January 26, 1946 and was again allowed to remain out.

Patient was born in Boston, November 15, 1919. He was the fifth of six children, having three brothers and two sisters. Both parents are living and his father owns his own business. Patient attended high school and graduated from a law school. He got along well in school but was not considered brilliant. Patient was quiet and rather retiring. He was very obedient and spent most of his time in the home. He was very industri-
ous having earned his way through school by working for his father, friends, neighbors and by running a paper route. He was musical and played in school bands.

After patient's first admission to the hospital, following his return home, he was seclusive and would not speak to some members of his family. After he had been home for a while he became more friendly towards them. Patient's mother did not allow him to go out much or take part in many activities outside the home. After patient had been out of the hospital for approximately six months he began to sit and stare, and stand in a corner, one shoulder hunched high as if paralyzed. He had to be brought back to the hospital.

After patient's escape from the hospital he made several attempts to work. He worked as a packer and also at several restaurants as a dishwasher. Patient was getting along very well until his mother tried to force him to secure work on the railroad, but patient refused to because he felt that the work was too hard for him to do. Patient moved away from home and continued to keep his job as a dishwasher. He stayed away from home through February to September 1945, at which time he lost his job and returned home. His mother tried again to force him to work and this precipitated a family argument. Patient became excited and left home. On the street car he saw a chauffeur from the hospital, became nervous, jumped off the street car and hid in a sewer. He was found and taken to the Boston City Hospital for treatment. His family brought him back to the hospital because they were afraid that he would run
away again.

Patient's mother was a very domineering woman and did not allow patient to smoke, or indulge in alcoholic beverages. She influenced him not to associate with girls. His sister felt that she did not let him do any of the things that a normal boy of twenty-two did. His father was a quiet, calm man and did not interfere with the mother's supervision of patient. Patient's mother had always been firm and very demanding with him. Patient's sister stated that he had to work as soon as he was legally able but never had any money or fun. Doctors had advised that his mother not force him against his will especially when he was not in the mood for working for a month or two, but she continued to do so. Patient was returned to the hospital December 27, 1945 as previously stated.

This patient's rather poor adjustment may have been in part due to his mother's attitude. Since childhood, he had been dominated by his mother who had deprived him from obtaining satisfaction and pleasure out of his life and continued to do so. His antagonistic and hostile behavior toward his mother may have resulted from the feeling that she was responsible for his nervous condition which caused his rejection from the army, and made him feel inferior to his brothers who were accepted. His acceptance of his economic status as a dishwasher and refusal to continue in his profession as a lawyer, may indicate that he had ceased to release energy for real adaptation and satisfaction because of external difficulties, a characteristic of the
schizo-affective personality.

Case G

This patient is a thirty-three year old single, Italian man, admitted to the Boston State Hospital October 1, 1943, from the Boston Psychopathic Hospital. His Diagnosis was Dementia Praecox - Other Types.

This was patient's sixth admission to a mental institution, having had his first admission in February, 1929 at the age of seventeen years. Patient was admitted then because he could not remember things. "He became like a drunk". He told his father that he was "having spirits". His father had him brought to the hospital. Psychiatric examination on admission shows that patient was confused and apathetic. He would not answer questions and would occasionally mumble irrelevant phrases. Psychiatric examination on patient's fourth admission, February 3, 1939, shows that he was thin, sloppy and had alternate periods of extreme depression, lassitude and periods of agitation when he wanted to build himself up. His flow of thought was markedly retarded except about his physical condition and sexual experiences which he constantly discussed. Patient remained in the hospital until July 28, 1938 at which time he was allowed on visit in the care of his mother and discharged one year later, July 28, 1939.

On patient's last admission to the hospital, October 1, 1944, the reason for admission was that patient again complained of "having spirits". He became excited and began breaking
mirrors. He was taken to the Boston Psychopathic Hospital and later transferred to this hospital. Psychiatric examination on admission shows that patient was worried and depressed with delusions of poor physical condition and of paying for his sins of the past. His intelligence was obviously low and his thinking was dominated by sexual ideas to a very great extent, which caused him to worry about himself. He did not have the intelligence to become interested in anything else than sex, but had a fear of it and fear that its abnormal sex practices have caused his "downfall". Patient remained in the hospital until July 6, 1945 at which time he was allowed on visit in the care of his mother.

Patient was born in Boston, February 29, 1910. He was the oldest of three children, having two brothers, one living in the home, the other having died of epilepsy at the age of twenty-four. Patient's father was living at the time of his fourth admission to the hospital but has since died. Patient's mother is living. Patient attended grammar school but quit after the eighth grade because he had to help support the family during the depression. Patient was always seclusive and never told his family anything about himself. He had girl and boy friends but his family never knew them. Patient was once arrested because he was caught in a car that had been stolen by one of his friends. Patient "was hard to please and found fault with everyone and everything". He was always nervous and spent his time "hanging on street corners with friends". He had jobs but his family never knew how much money he earned or how he
spent it.

Between his admissions to the hospital patient attempted to work but never held a job long because he was unable to get along with his boss or other workers. He got along fairly well with his family because they did not interfere with him. Patient's mother appeared to be very submissive and broken in spirit. On one occasion she told the social worker from the hospital that she has had so much trouble that she was too tired and weary to worry over what the patient did. Patient's father took the responsibility of supervision of patient before his death. Previous to patient's last admission to the hospital he had a job and his mother only saw him two or three times a week. He was going around with his "gang" and often didn't come home on weekends. On one week-end patient came home and could not remember what had happened to him or to his money that he had received from his job. He became excited and went through the house breaking mirrors. His mother brought him back to the hospital on October 1, 1944 as was previously stated. Patient remained in the hospital until July 6, 1945 at which time he was again allowed on visit.

This patient's frequent admissions to the hospital were probably influenced by the negativistic attitude of his mother, which caused him to feel insecure in his home and forced him to seek satisfaction out of his home with his "gang". His association with friends were perhaps unwholesome and probably caused his increased and intense guilt feelings over his abnormal sex
practices which dominated his thinking and caused his deluded and hallucinated ideas about himself.

Case H

This is a thirty-five year old Irish Catholic woman, admitted to the Boston State Hospital, February, 1942, from the Boston Psychopathic Hospital. Her diagnosis was Dementia Praecox - Other Types.

Patient was in the X State Hospital in December, 1929, the Boston Psychopathic Hospital in 1937 and again just previous to coming to this hospital. Patient was admitted to each hospital because she had "blue spells" and brooded very much. Two days before her admission to this hospital patient became hysterical and went to a social agency saying that everyone was against her and were trying to harm her. Because of patient's disturbed condition, psychiatric examination on admission was not given. Patient remained in the hospital for one month, allowed on visit in the care of her husband, February 25, 1942, and one year later was discharged from visit.

Patient was re-admitted to the hospital January 20, 1944, from the Chardon Street Home, where she had gone after the family had been evicted from their home in a Federal Housing Project. Psychiatric examination on admission shows that patient was clearly cooperative and moderately depressed. Said that she was depressed and needed a rest. She spoke slowly but was coherent and relevant. She said that the S.P.C.C. had her children but felt that she would have been all right if she had
been allowed to remain with them. Patient was released on
visit in the care of her brother February 18, 1944 and was
discharged from visit February 18, 1945. Patient was again
re-admitted to the hospital September 16, 1945 by request of
her husband who had just been released from the army on a
dependency discharge. Patient's husband, who had not heard
from her during his stay in the army, sought patient where she
was working and asked her to return to him and make a home for
the children. She refused to do so and he had patient arrested.
At the police station patient became hysterical after question­
ing and had to be brought to the hospital. Psychiatric examin­
ation on admission shows that patient appeared very resentful
and paranoid against her husband. She was very bitter about
what she called her "illegal commitment to this hospital",
which was engineered by her husband. She was resentful and
irritable. She answered questions abruptly and in short
sentences giving the attitude that she did not want to answer
them at all. She said that she was working and "minding her
own business" when her husband interfered with her on the
street. She said that he had never supported her properly and
that they were always incompatable. She said that he had been
arrested several times for being drunk. Patient was in the
hospital until November 21, 1945 at which time she was released
on visit in the care of her husband.

Patient was born in Stoughton, Mass., October 12, 1907, and
was the youngest of four children having two brothers and one
sister. Both parents are dead. Her mother died when patient
was only a child (records do not give the exact age). Patient's aunt stated that patient was somewhat neglected in childhood due to the fact that her mother ran a millinery shop until her death and did not spend much time with her children. Patient's father drank and did not devote much of his time to his children. Patient's husband stated that patient said when she was five years old, her oldest brother, who was then eighteen years old, had sexual relations with her. She also stated that her other brother had sexual relations with her.

Patient graduated from the Stoughton High School and commercial school. She did well in her courses and got along well with the other students. After completing her courses she worked as a stenographer in a Liability Company and worked there until her marriage. She was considered efficient and was well liked by her employer and fellow workers.

Patient was married and had four children, ages at the time of first admission were: eleven years, eight years, four years, and fourteen months. Patient was considered a fair housewife and mother. Her husband stated that their marital relationships had not been satisfying as he suspected her of having had relations with other men and questioned her from time to time. Patient also suspected her husband of being unfaithful to her and upon questioning him he admitted that he had had "affairs" with other women; patient became quite upset over this.

During the early months of her trial visit, patient was apathetic and did not have much to say. She kept the children well and was a fair housekeeper. The family lived in a very
poor and congested neighborhood. They felt that the patient would make a better adjustment if she were in a different social environment. Patient's husband secured a better job and was encouraged by a social worker to move from where they were living. They moved into a Federal Housing Project and a marked improvement was seen. Patient's husband's attitude changed toward her--he became more understanding and did not question patient about her past relationships with other men. This more harmonious marital situation continued until patient's husband lost his job (reason unknown). He did not secure employment, and the family was evicted. The Society for Prevention of Cruelty to Children placed patient's children and patient went to live in the Chardon Street Home, and was later returned to this hospital.

Patient was released on visit, after her second period of hospitalization, and her children were placed in temporary homes. She then secured employment in a factory, in an office, and later in a downtown restaurant.

Patient reported to the Out Patient Department regularly, visited her children, and contributed to their support. Her social adjustment to the community was fairly good; however, her husband found out that the patient had had an illegitimate child while he was away. This child had died in July, 1945. As previously stated, the patient was returned to the hospital by request of her husband on September 10, 1945. She was again released on visit on November 21, 1945 in the care of her husband and a few months later she gave birth to twins (thought
to be illegitimate). Patient's husband began to question her, disclaiming paternity of these children, and demanding to know the father.

Patient was turned out of her home by her husband. She gave birth to the twins in an out of state mental hospital (it was later found that her husband had had her committed to this hospital).

This patient's poor adjustment outside the hospital may be attributed in part to her poor environmental situation and to her husband's attitudes. Before each admission to the hospital there were difficult social factors, which were added to a weak personality and precipitated the patient's return to the hospital. She found it difficult to adjust to these social factors and probably used her psychotic episodes as a means of escape from her problems. Her two illegitimate pregnancies may mean that she attempted to satisfy her sexual needs which were not met by her husband because of incompatibility.

Case I

This is a thirty-five year old, married, Catholic woman admitted to the Boston State Hospital for the sixth time, May 9, 1945, from her home.

Patient was first admitted to the Boston State Hospital in February, 1924. She was discharged in October, 1925. Her condition at that time was said to have been due to worry over her mother who had been admitted to this hospital. Her second
admission was September, 1927, apparently brought on by her illegitimate pregnancy. She was discharged in December, 1928, but almost immediately a serious case of the grippe made it necessary for her to return to the hospital on January 1, 1929. Patient was discharged in August, 1930. The reason for patient's fourth admission was that she began to show personality changes after the birth of her second child. She lost interest in the children, would not eat and would sit and stare for hours. This behavior changed and patient became overactive and excited. The family physician suggested that patient be brought back to the hospital. Psychiatric examination shows that patient was confused and inaccessible. She had outbursts of violence and screaming and examination had to be discontinued. Patient remained in the hospital until September 30, 1937, at which time she was allowed on visit in the care of her husband and father and was discharged one year later on September 30, 1938. Patient was re-admitted to the hospital May 3, 1944 from her home. The Thursday before admission patient was bitten by a dog and her arm had to be cauterized. Patient became "moody", complained of severe headaches and imagined she saw her father who had died a year before her admission. Her husband felt that mental symptoms were returning and brought patient to the hospital. Psychiatric examination on admission shows that patient was overactive and had swinging moods from irritability to overcheerfulness. She stated that she saw a vision of her dead father and the eyes of her mother in her baby. She said she heard her father's voice saying "be a good girl". Patient
said that people did not like her and that they were jealous of her. Patient was allowed out on visit on week-ends in the care of her husband in November 1944. She was discharged to the Worcester Hospital September 9, 1945 where she gave birth to a child and was later re-admitted to this hospital January 1, 1946.

Patient was born in Dorchester April 14, 1908. She was the youngest of four children and was "a favorite" of her father. At the time of patient's fourth admission both parents were living but have died since. Patient graduated from a practical arts school. She had her first mental breakdown while attending high school. Patient has always been delicate and slow. She was exceptionally quiet and reserved and seemed unable to stand any strain. She was seclusive and had a tendency "to brood over things". She was reluctant to confide in any one prior to her marriage.

Patient was first married in December, 1930. Although patient was Catholic and her husband was Protestant, this did not seem to affect the relationship. She had two children by her first husband, a boy and a girl. He was very fond of patient and was a good provider. Patient never worked outside the home because of her "nervous disposition". Patient was pampered by her father who lived in the home with her, and tried to give her everything that she wanted. Patient worried quite a bit about her mother who was also a patient at this hospital.

During patient's stay in the hospital following her fourth admission to the hospital, her father and her husband hired a
girl to come live in the home to take care of the children. Her husband became interested in the girl and she became illegitimately pregnant. On returning home on visit and hearing of the incident patient asked for a divorce from her husband. Because she was still under the jurisdiction of the hospital she could not secure a divorce. Efforts were made by her father and her husband to get patient to give up the idea of a divorce but patient nagged and fussed so much at her husband that he finally consented to a divorce after patient's discharge from the hospital in 1938.

Patient re-married in August, 1942, her present husband. However there is a question if the marriage is legal in Massachusetts because they were married in New Hampshire before the husband's final decree was granted in Massachusetts. They have one child, a boy. Patient is very devoted to her children and visits regularly the children of her first marriage. However, she does not like the responsibility of caring for them. Shortly after patient re-married in August, 1942, her father died. Patient worried very much about the death of her father and at times was very moody and had "blue spells", however, her condition was not bad enough to warrant hospitalization. A few days before patient's last admission to the hospital she was bitten by a dog on the arm. After this, patient began to complain of headaches, had visions of her dead father and mother, and became excited. Patient's husband felt that mental symptoms were returning and returned patient to the hospital May 31, 1944, as previously stated.
This patient's return to the hospital may be attributed to several things. It is clearly shown that on several occasions patient's return was caused by some traumatic experience, such as, an illegitimate pregnancy, commitment of mother to State Hospital, serious illness, and having been bitten by a dog. Her last attack was probably influenced by grief and worry over the death of her father which patient was not able to accept.
CHAPTER IV
SUMMARY AND CONCLUSIONS

The study of the social and economic adjustment of a representative sample of patients with schizo-affective personalities seems to give us some conclusions about factors which make for success or failure in the adjustment of these patients and play a considerable part in influencing their return to the hospital.

1. The first question which it was hoped that these case histories would help to answer was, do traits of personality play an important role in the success or failure in the adjustment of these patients.

We see from case material presented in the previous chapter that traits of personality, such as being withdrawn, retiring and seclusive do play a part in the success or failure of adjustment, in that, these personality traits arouse unfavorable reactions from friends and relatives which hinder good adjustment. Patients having such personality traits are usually urged and coaxed by families and friends to change their personalities before they are well enough. By forcing the patient to change his personality before he is both willing and able to do this, we see in many cases, that they ultimately force the patient back into his world of day dreaming and phantasy which the doctor has partially brought him out of before his return to the hospital, thus necessitating patient's
return to the hospital.

In case C, where there was little pressure exerted on the part of patient's family to force a rapid change in his personality or to move back into his former social circle, we see that adjustment was fair considering prognosis for this particular diagnosis.

2. The second question was, do family and community attitude influence the success or failure of adjustment.

Case histories clearly indicate that family and community attitudes play an important role in the success or failure of adjustment. Some of these patients came from homes where there were upsetting home conditions, such as friction between husband and wife, sibling and parent or parents or intense sibling rivalry. Under such conditions patients were unable to make a good adjustment.

In cases B, D and F, we see that pressure from a domineering, fussy and nagging mother proved to be a hinderance in helping these patients adjust outside the hospital. Also in cases B and D, we see that the negativistic attitude of the father along with the mother's attitude played an important role in patient's behavior in the home and poor adjustments. A negative attitude on the part of the family in cases E and G, along with other problems that these patients had to face contributed to their poor adjustment.

Sensitiveness about patient having been in a mental institution and overprotection by one or both parents were attitudes displayed by families that were not helpful to the
patient in making a good adjustment. In case F, we see that the mother was very overprotective of patient and did not allow him to do the things that would have probably helped the patient adjust.

In case F, we see that the fear of community disapproval because of rejection from the armed forces caused patient to have intense anxiety feelings in addition to his other problems causing his unsuccessful adjustment in the home.

3. The third question was does environmental stress influence the patient's return to the hospital.

In cases B, E, and F, we see that environmental stress such as inability to make a good adjustment on the job, the strain of long working hours and having to accept a greater amount of responsibility and inability to secure adequate and satisfactory employment, presented problems that these patients were unable to meet and solve. These problems along with others that these patients had to face and solve only served to keep them from making a satisfactory adjustment. In case G, we see that patient's environment played an important part in the development of his morbid sexual ideas, an important role in his psychosis, and frequent re-admissions to the hospital.

4. A final more general conclusion that may be drawn from case histories is that traumatic experiences influence the return of patients to the hospital.

In case I, we see that traumatic experiences, such as admission of mother to a mental institution, illegitimate pregnancy, serious illness and death of father precipitated
patient's different re-admissions to the hospital. In case D, we see that the death of patient's child and threatened divorce by her husband were factors contributing to patient's return to the hospital.

Approved,

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